

Form must be completed by referring broker. Forms faxed to and completed by referral will not be eligible.

Broker Contact Name:		Broker Phone Number:	
Broker Email:		Broker Fax Number:	

Borrower Info:

Name:			
Address:			
City:	State:	Zip:	
Phone:			
Email:			

*Borrower Credit Scores:	640 Minimum Score to Qualify
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Have they had any rehab experience? YES <input type="checkbox"/> # of years ____ NO <input type="checkbox"/>	# of properties in past year?	
Do they have a Deal Right Now? YES <input type="checkbox"/> NO <input type="checkbox"/>	Closing Deadline?	

Property Info: (Current Deal Info Target Deal Info)

Property Location: <i>Please include State(s)</i>	<i>Property can not be Owner-Occupied.</i>		
Type of Property:	Single Family <input type="checkbox"/>	2-4 Family <input type="checkbox"/>	5-Plus <input type="checkbox"/> Condo Conversion <input type="checkbox"/> Other <input type="checkbox"/>
Purchase Price:		Rehab Cost (if any):	
After-Repair Value:		Dates & Deadlines:	

Financial Details:

*Cash & Liquid Assets? (Stocks, Bank Accounts, CD's, Mutual Funds)	\$
Do they Own their own Home? Equity Available?	YES <input type="checkbox"/> NO <input type="checkbox"/> \$
Do they currently have a HELOC (Line Amount)? How much Available?	YES <input type="checkbox"/> NO <input type="checkbox"/> \$
Own additional properties? How Many? Equity Available?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Revolving or Credit Card debt? If Yes, how much?	YES <input type="checkbox"/> NO <input type="checkbox"/>

Other Information:

Employment Status and Annual Income	Full <input type="checkbox"/> Self <input type="checkbox"/> \$
Additional Information & Comments:	

*Asterisked field items on form MUST be completed for pre-approval.